

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 5502 Registrar's No. 265

**63-039667**  
STATE FILE NUMBER

**FILED OCT 21 1963**

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Bear Creek Township

Length of stay in 1b  
4 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION R #1, Montrose, Rural

Inside Limits  
Yes ☐ No ☒

c. CITY  
OR  
TOWN Montrose

b. COUNTY

Henry

d. STREET  
ADDRESS R #1

(If outside, give location)

Inside Limits  
Yes ☐ No ☒

Reside on Farm  
Yes ☒ No ☐

3. NAME OF DECEASED  
(Type or print)

First

Clyde

Middle

Lee

Last

Browning

4. DATE  
OF  
DEATH

Month

Day

Year

Oct. 16, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☐ Divorced ☒

8. DATE OF BIRTH

Mar. 12, 1890

9. AGE (last birthday)

73

IF UNDER 1 YEAR

Months 7

Days 4

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Retired Coast Guard

10b. KIND OF BUSINESS OR INDUSTRY

Sweet Water, Texas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Clifton S. Browning

13b. MOTHER'S MAIDEN NAME

Frances Ellen Ogan

14. NAME OF HUSBAND OR WIFE

-

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

W. W. I

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Ernest S. Browning, Clinton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CORONARY OCCLUSION

INTERVAL BETWEEN  
ONSET AND DEATH

SUDDAN

DUE TO (b)

ARTERIOSCLEROTIC HEART DISEASE

CITRONIC

DUE TO (c)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

PART III. If deceased was female was  
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 1963 to now and last saw him alive on MAR 1963  
Death occurred at DOA on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

R. A. Brownburg MD

22b. ADDRESS

Appleton City, Mo.

22c. DATE SIGNED

OCT 17 1963

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

Oct. 18, 1963

23c. NAME OF CEMETERY OR CREMATORY

Tears Chapel Cemetery

23d. LOCATION (City, town, or county)

Montrose, Mo. Rural

(State)

24. FUNERAL DIRECTOR

ADDRESS

Vansant Funeral Home, Clinton, Mo.

25. DATE RECD. BY LOCAL REG.

OCT. 17, 1963

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 0420

2 0420

3

4 0

5 3

6

7 1

8 2

9 200

10

11

12 90-0

13 10

DEC 12 1963

OCT 22 1963

OCT 25 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*J. A. Vansant*

Licensed Embalmer No. \_\_\_\_\_

*3779*

P. O. Address \_\_\_\_\_

*Clinton, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Obtained

10-17-63

(123)